

## **PSJ2 Exh 55**

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## ***Information on Opioid Dependence, Tolerance and Addiction***

### **Overview**

- Opioids are the major class of pain relievers used in managing moderate to severe chronic pain. These medications are called “opioids” because they work in much the same way as pain relievers that come from the opium poppy, although many of these medications are now created synthetically.
- Some patients have concerns about using strong medications like opioids to manage their pain, including a fear of addiction.<sup>1</sup> This fear may prevent patients from receiving the treatment they need to manage their pain.
- There are important differences between “physical dependence,” “tolerance” and “addiction.” Because of a misunderstanding of these terms, pain is often under-treated and patients may be inappropriately stigmatized because of their use of opioids for medical purposes.<sup>2</sup>

### **Physical dependence**

- According to *Definitions Related to the Use of Opioids for the Treatment of Pain: a Consensus Document from the American Academy of Pain Medicine, the American Pain Society, and the American Society of Addiction Medicine*, “physical dependence is a state of adaptation that is manifested by a drug class specific withdrawal syndrome that can be produced by abrupt cessation, rapid dose reduction, decreasing blood level of the drug, and/or administration of an antagonist.”<sup>3</sup>
- Physical dependence may be managed by gradually reducing the dose of the medication if the patient’s physician decides it is appropriate to discontinue therapy.<sup>4</sup>
- Physical dependence and tolerance can develop with chronic use of many classes of medications in addition to opioids. These include beta blockers, corticosteroids and some antidepressants.<sup>5</sup>
- Most physicians who specialize in pain medicine agree that patients treated with opioid pain medication over a long period of time usually develop physical dependence and sometimes develop tolerance. However, the actual likelihood is unknown and varies between patients.<sup>6</sup>

## Tolerance

- According to the *Consensus Document* referenced above, “tolerance is a state of adaptation in which exposure to a drug induces changes that result in a diminution of one or more of the drug's effects over time.”<sup>7</sup>
- Tolerance does not mean that the medication has lost its effectiveness. Rather, the dose must be adjusted to achieve an effective level of pain relief.

## Addiction

- According to the *Consensus Document* referenced above, “addiction is a primary, chronic, neurobiologic disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that include one or more of the following: impaired control over drug use, compulsive use, continued use despite harm, and craving.”<sup>8</sup>
- Behaviors that may indicate addiction include: inability to take medications according to an agreed upon schedule, taking multiple doses together, frequent reports of lost or stolen prescriptions, “doctor shopping” (visiting multiple physicians for the same medical condition to obtain prescriptions), isolation from family and friends, and/or use of non-prescribed psychoactive drugs in addition to prescribed medications.<sup>9</sup>
- According to the *Consensus Document* referenced above, studies indicate that the de novo development of addiction when opioids are used for the relief of pain is low.<sup>10</sup>

## Pseudoaddiction

- Pseudoaddiction is a term used to describe patient behavior that can occur when pain is under-treated. Patients with unrelieved pain may become focused on obtaining medications and may seem to inappropriately seek drugs.<sup>11</sup>
- Pseudoaddiction differs from true addiction because the behavior ends when pain is effectively treated.<sup>12</sup>

## Barriers to Pain Relief

- The leading medical societies for pain management agree that pain is often managed inadequately, despite the ready availability of safe and effective treatments.<sup>13</sup> They attribute confusion regarding the treatment of pain, including concerns about addiction, to unnecessary suffering and an economic burden to society.<sup>14</sup>
- Concerns about addiction should not deter physicians from using adequate amounts of opioids in the management of moderate to severe pain when such use is medically indicated.

## References

All information taken from [www.duragesic.com](http://www.duragesic.com) unless otherwise noted

<sup>1</sup> Chronic Pain in America: Roadblocks to Relief; Survey conducted for The American Pain Society, The American Academy of Pain Medicine and Janssen Pharmaceutica. Conducted by Roper Starch Worldwide Inc., January 1999.

<sup>2</sup> Savage S, Covington EC, Helt HA, Hunt J, Joranson D, Schnoll SH. Definitions related to the use of opioids for the treatment of pain: a consensus document from the American Academy of Pain Medicine, the American Pain Society, and the American Society of Addiction Medicine. Am Pain Soc. [online]. Available at: <http://www.ampainsoc.org/advocacy/opioids2.htm>.

<sup>3</sup> Savage S, et al.

<sup>4</sup> Passik SD, Portenoy RK, Ricketts PL. Substance abuse issues in cancer patients: part 1: prevalence and diagnosis. *Oncology*. 1998; 4:517-521.

<sup>5</sup> Savage S, et al.

<sup>6</sup> Savage S, et al.

<sup>7</sup> Savage S, et al.

<sup>8</sup> Savage S, et al.

<sup>9</sup> Savage S, et al.

<sup>10</sup> Haddox JD, et al. The Use of Opioids for the Treatment of Chronic Pain: a consensus statement from American Academy of Pain Medicine and American Pain Society. Approved. 1996. Am Pain Soc [online} Available at: <http://www.ampainsoc.org/advocacy/opioids.htm>

<sup>11</sup> Savage S, et al.

<sup>12</sup> Savage S, et al.

<sup>13</sup> Haddox JD, et al.

<sup>14</sup> Haddox JD, et al.